

(828) 465-8399 Office Number  
(828) 465-8962 Newton Fax Number  
(828) 322-6814 Hickory Fax Number

# Catawba County Application for Permit

FAX ☐ CALL ☐ WITH ISSUED PERMIT #  
TO THIS NUMBER (\_\_\_\_)\_\_\_\_\_

www.catawbacountync.gov  
P.O Box 389 Newton, NC 28658

(Please print or type)

Type of Permit ☐ Electrical ☐ Plumbing ☐ Mechanical ☐ Fire Date \_\_\_\_\_

Active Building / Mobile Home Permit # \_\_\_\_\_ Property ID # (if known) \_\_\_\_\_

Use of structure: ☐ Mobile Home ☐ Single family ☐ Multi family ☐ Commercial ☐ Industrial/Factory ☐ Church Owned  
☐ Govt Owned ☐ Accessory

Physical 911 Address of Project \_\_\_\_\_

Owner or Business \_\_\_\_\_ Telephone \_\_\_\_\_

Address \_\_\_\_\_

Subcontractor \_\_\_\_\_ Telephone \_\_\_\_\_

Address \_\_\_\_\_ License # \_\_\_\_\_

General Contractor \_\_\_\_\_ Telephone \_\_\_\_\_

Design Professional \_\_\_\_\_ Telephone \_\_\_\_\_

Address \_\_\_\_\_ NC Reg # \_\_\_\_\_

ELECTRICAL	Panel # 1 _____ Amps	Panel # 2 _____ Amps	Panel # 3 _____ Amps	Panel # 4 _____ Amps
<input type="checkbox"/> New Panel	<input type="checkbox"/> Pole Service	<input type="checkbox"/> Wire Mechanical unit only (No Svc Chg) Total# _____		
<input type="checkbox"/> Sub Panel	<input type="checkbox"/> Service Change Amps _____	<input type="checkbox"/> Interior Wiring (No Service Change)		
<input type="checkbox"/> Saw Service	<input type="checkbox"/> Load Control	<input type="checkbox"/> Modular Home		
<input type="checkbox"/> Sign Service	<input type="checkbox"/> Mobile Home	<input type="checkbox"/> Other (List) _____		
*List each panel installed separately*		<input type="checkbox"/> RV Service	Total Electrical Cost \$ _____	

## PLUMBING

<input type="checkbox"/> Full or Partial Bath/Toilet Rooms. (Includes future.)	<input type="checkbox"/> Fire Sprinkler System ( <input type="checkbox"/> New <input type="checkbox"/> Addition )
Total number being installed _____	<input type="checkbox"/> Gas Line/Pressure Test only
<input type="checkbox"/> Mobile home (new set-up only)	<input type="checkbox"/> Modular Home
<input type="checkbox"/> Water Heater (Electric, Gas)	<input type="checkbox"/> Other (List) _____

## MECHANICAL (Check One ) ☐ New Installation ☐ Change out exiting system

<input type="checkbox"/> Heat Pump or Furnace with A/C	Total # _____	<input type="checkbox"/> Gas Line/ Pressure Test
<input type="checkbox"/> Furnace (Oil, Gas, or Electric)	Total # _____	<input type="checkbox"/> Gas Logs Total # _____
<input type="checkbox"/> Air Conditioner	Total # _____	<input type="checkbox"/> Unit Heater Total # _____
<input type="checkbox"/> Water Heater (Electric/Gas) Total # _____		<input type="checkbox"/> Modular Home
		<input type="checkbox"/> Other (List) _____

## FIRE (Check permit type applicable)

<input type="checkbox"/> Fire Extinguishing System	<input type="checkbox"/> Compressed Gases	<input type="checkbox"/> Spraying & Dipping
<input type="checkbox"/> Fire Alarm/Detection System	<input type="checkbox"/> Hazardous Materials	<input type="checkbox"/> Standpipe Systems
<input type="checkbox"/> Fire Pumps & Related Equipment	<input type="checkbox"/> Industrial Ovens	<input type="checkbox"/> Temp. Membrane Structures
<input type="checkbox"/> Flammable & Combustible Liquids	<input type="checkbox"/> PVT Fire Hydrants	<input type="checkbox"/> Other _____

\*\*All fees entered by Permit Center, **DOUBLE FEE charged for work started prior to obtaining permit.**\*\*The undersigned makes application for permits and inspection of work described and agrees to comply with all applicable State, County codes and laws regulating the work.

PRINT NAME \_\_\_\_\_ SIGNATURE \_\_\_\_\_  
(Subcontractor) License Holder/Owner